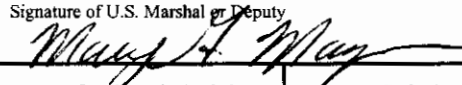


PROCESS RECEIPT AND RETURN

PLAINTIFF UNITED STATES OF AMERICA					COURT CASE NUMBER CR No. 04-10372-WGY	
DEFENDANT Jess Siciliano, Michael Arco and George Kandirakis					TYPE OF PROCESS Preliminary Order of Forfeiture	
FILED CLERK'S OFFICE 7005 DEC -6 P 4:12 DISTRICT COURT DISTRICT OF MASS.						
SERVE AT		NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Dreyse pistol, serial number 57052, seized by, or turned over to, the Drug Enforcement Administration on or about December 2, 2004 ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code)				
SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:					Number of process to be served with this Form - 285	
----- Jennifer H. Zacks, Assistant U.S. Attorney United States Attorney's Office John Joseph Moakley United States Courthouse 1 Courthouse Way, Suite 9200 Boston, MA 02210 -----					Number of parties to be served in this case 0	
-----					Check for service on U.S.A.	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service)						
Please seize and maintain custody over the above-described property in accordance with the attached Preliminary Order of Forfeiture.						
JMD x3296			CATS No. 05-DEA-458191			
Signature of Attorney or other Originator requesting service on behalf of: 					TELEPHONE NUMBER (617) 748-3100	
					DATE October 6, 2005	
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE						
I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)		Total Process No. _____	District of Origin No. <u>38</u>	District to Serve No. <u>38</u>	Signature of Authorized USMS Deputy or Clerk 	
					Date <u>11/18/05</u>	
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.						
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below).						
Name and title of individual served (If not shown above).					<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.	
Address (complete only if different than shown above)					Date of Service <u>11/18/05</u>	
					Time am pm	
					Signature of U.S. Marshal or Deputy 	
Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount Owed to US Marshal or	
					Amount or Refund	
REMARKS: <u>In USMS custody. Note S/N is 57052</u>						

PRIOR EDITIONS MAY
BE USED

1. CLERK OF THE COURT

FORM USM 285 (Rev. 12/15/80)

☐ USMS RECORD ☐ NOTICE OF SERVICE ☐ BILLING STATEMENT ☐ ACKNOWLEDGMENT OF RECEIPT